

Quick Reference Information: Medicare Preventive Services

May 2005

SERVICE	HCPSC/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
Initial Preventive Physical Examination (IPPE) <i>Also known as the "Welcome to Medicare" Physical Exam</i> <i>*Effective for services performed on or after 1/1/05</i>	G0344 – IPPE G0366 – EKG for IPPE G0367 – EKG Tracing for IPPE G0368 – EKG Interpret & Report	No specific diagnosis code required for IPPE & corresponding EKG <i>Contact local Medicare contractor for guidance</i>	*All Medicare beneficiaries whose first Part B coverage begins on or after January 1, 2005	Once in a lifetime benefit per beneficiary. Must be furnished not later than 6 months after the effective date of the first Medicare Part B coverage begins.	Copayment & deductible
Cardiovascular Disease Screenings <i>*Effective for services performed on or after 1/1/05</i>	80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides	<i>Report one or more of the following codes:</i> V81.0, V81.1, V81.2	*All asymptomatic Medicare beneficiaries. 12 hour fast is required prior to testing	Every 5 years	No copayment No deductible
Diabetes Screening Tests <i>*Effective for services performed on or after 1/1/05</i> <i>Requires physician or non-physician referral</i>	82947 – Glucose, quantitative, blood (except reagent strip) 82950 – post-glucose dose (includes glucose) 82951 – tolerance test (GTT), three specimens (includes glucose)	V77.1 <i>Report modifier "TS" (follow-up service) for diabetes screening where the beneficiary meets the definition of pre-diabetes.</i>	*Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes <i>Beneficiaries previously diagnosed with diabetes are not eligible for this benefit.</i>	- 2 screening tests per year for beneficiaries diagnosed with pre-diabetes - 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested	No copayment No deductible
Diabetes Self-Management Training (DSMT) <i>Physician must certify that DSMT is needed</i>	G0108 – DSMT, individual session, per 30 minutes G0109 – DSMT, group session (2 or more), per 30 minutes	No specific code <i>Contact local Medicare contractor for guidance</i>	Medicare beneficiaries at risk for complications from diabetes or recently diagnosed with diabetes	A plan of care must be written to include: number of sessions, frequency and duration.	Copayment & deductible
Medical Nutrition Therapy (MNT) <i>Requires physician referral</i>	97802, 97803, 97804, G0270, G0271 <i>Services must be provided by dietitian or nutritionist</i>	<i>Contact local Medicare contractor for guidance</i>	Medicare beneficiaries diagnosed with diabetes or a renal disease	1 st year – 3 hours of one-on-one counseling Subsequent years – 2 hours	Copayment & deductible
Screening Pap Tests	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	V76.2, V76.47, V76.49, V15.89	All female Medicare beneficiaries	- Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years - Every 24 months for all other women	Copayment for Pap test collection No deductible <i>(No copayment for Pap lab test)</i>
Pelvic Screening Exam	G0101 – Cervical or vaginal cancer screening; pelvic and clinical breast examination	V76.2, V76.47, V76.49, V15.89	All female Medicare beneficiaries	- Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years - Every 24 months for all asymptomatic women	Copayment No deductible

* Effective for services furnished on or after January 1, 2005, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) provides for coverage of the IPPE, cardiovascular disease and diabetes screening tests under Part B, subject to certain eligibility and other limitations.

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Mammography Screening	76082, 76083, 76090, 76091, 76092, G0202,	V76.11 or V76.12	All female Medicare beneficiaries age 40 or older	Annually	Copayment No deductible
			Female Medicare beneficiaries ages 35 - 39	One baseline	
Colorectal Cancer Screening	G0104 – Flexible Sigmoidoscopy G0105 – Colonoscopy (high risk) G0106 – Barium Enema (<i>alternative to G0104</i>) G0107 – Fecal-Occult Blood Test G0120 – Barium Enema (<i>alternative to G0105</i>) G0121 – Colonoscopy (not high risk) G0122 Barium Enema (non-covered) G0328 – Fecal Occult Blood Test (<i>alternative to G0107</i>)	Use appropriate code <i>Contact local Medicare contractor for guidance</i>	- Medicare beneficiaries age 50 and older - For screening colonoscopy; age 50 or older, and others at risk, without regard to age - No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk	Fecal Occult – Annually Flexible Sigmoidoscopy Every 4 years or once every 10 years after having a screening colonoscopy Screening Colonoscopy Every 24 months at high risk Every 10 years not at high risk Barium Enema Every 24 months at high risk Every 4 years not at high risk	No copayment or deductible for Fecal Occult Blood Tests All other tests copayment and deductible apply
Prostate Cancer Screening	G0102 – Digital Rectal Exam (DRE)	V76.44	All male Medicare beneficiaries 50 or older	Annually	Copayment & deductible
	G0103 – Prostate Specific Antigen Test (PSA)	V76.44	All male Medicare beneficiaries 50 or older	Annually	No copayment or deductible
Bone Mass Measurements	76070, 76071, 76075, 76076, 76078, 76977, 78350, G0130	<i>Contact local Medicare contractor for guidance</i>	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months (more frequently if medically necessary)	Copayment & deductible
Glaucoma Screening	G0117 – By an optometrist or ophthalmologist G0118 – Under the direct supervision of an optometrist or ophthalmologist	V80.1	Medicare beneficiaries with diabetes mellitus, family history of glaucoma or African-Americans age 50 & over	Annually for beneficiaries in one of the high risk groups.	Copayment & deductible
Influenza (Flu)	90655, 90656, 90657, 90658 – Flu Vaccine G0008 – Administration	V04.81 <i>For claims with dates of service on or after 10/1/03</i>	All Medicare beneficiaries	Once per flu season <i>More frequently if medically necessary</i>	No copayment No deductible
Pneumococcal	90732 – Pneumococcal polysaccharide Vaccine (PPV) G0009 – Administration	V03.82	All Medicare beneficiaries	Once in a lifetime <i>Medicare may provide additional vaccinations based on risk.</i>	No copayment No deductible
Hepatitis B (HBV)	90740, 90743, 90744, 90746, 90747 – HBV Vaccine G0010 – Administration	V05.3	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Copayment & deductible